



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
<i>Tunipap</i>	<i>Pamela</i>	<i>Ann</i>	<i>808-871-7711</i>
MAILING ADDRESS (Street)			FAX
<i>313 Ano St.</i>			<i>808-871-0706</i>
(City)	(State)	(Zip Code)	
<i>Kahului</i>	<i>HI</i>	<i>96732</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
<i>Mau Chamber of Commerce</i>			<i>808-871-7711</i>
MAILING ADDRESS (Street)			FAX
<i>313 Ano St.</i>			<i>808-871-0706</i>
(City)	(State)	(Zip Code)	
<i>Kahului</i>	<i>HI</i>	<i>96732</i>	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
<i>Mau Chamber of Commerce</i>		<i>808-871-7711</i>
MAILING ADDRESS (Street)		FAX
<i>313 Ano St.</i>		<i>808-871-0706</i>
(City)	(State)	(Zip Code)
<i>Kahului</i>	<i>HI</i>	<i>96732</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
<i>LAURRIE ZIMMERMAN</i>		<i>808-871-7711</i>
MAILING ADDRESS (Street)		FAX
<i>313 Ano St.</i>		<i>808-871-0706</i>
(City)	(State)	(Zip Code)
<i>Kahului</i>	<i>HI</i>	<i>96732</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historical Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>Himela Jimpap</i></u> (Signature of Lobbyist)	<u>5/23/06</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Charlie Tencks</u>		<u>Chairman of the Board</u>
NAME OF ORGANIZATION (if applicable)		TELEPHONE
<u>Maui Chamber of Commerce</u>		<u>808-871-7711</u>
MAILING ADDRESS (Street)		FAX
<u>313 Aho St.</u>		<u>808-871-0706</u>
(City)	(State)	(Zip Code)
<u>Kahului</u>	<u>HI</u>	<u>96732</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
<u><i>[Signature]</i></u> (Signature of Authorizing Officer or Person Represented)		<u>5/23/06</u> (Date)